

## PROFILE AND WEIGHT GAIN SCREENING FORM

Dear Service Member:

Even though you are on profile, you must still meet the body fat standards IAW AR 600-9. Decreased PT is a risk factor for excess weight gain. Complete this form to determine your risk. Thank-you.

*Carefully, read the statements below and circle the number in the YES column for those that apply to you. For each YES answer, circle the number in the box. Upon completion, total your score to evaluate your risk for weight gain.*

	YES
1. Assessment of Weight	
- My body mass index (BMI – see back of page) is more than 25	2
- I need to be taped for body fat percentage and currently do not meet the standards.	2
- My waist is larger than my hips (I carry excess weight in my abdominal / waist area).	2
2. Without trying, I experience weight gain easily.	2
3. I have had unintentional weight gain since being placed on a physical profile.	2
4. I have dieted frequently in the past and have regained any weight that was lost.	2
5. I eat fewer than 2 meals per day or frequently skip meals.	1
6. I eat few fruits, vegetables or milk products.	1
7. I drink more than 2 servings of one or more sweetened beverages (serving = 8 oz) per day (Regular Sodas, Sports Drinks, Kool-Ade, Fruit Juice, Sweetened Iced Tea, Lemonade or any other pre-made sweetened beverage) <b>AND/OR</b> Alcohol (12 oz beer, 1 ½ oz liquor, 4 oz wine).	1
8. I eat for reasons other than physical hunger (boredom, stress, depression, anxiety, etc...)	2
9. <b>Prior to injury</b> , I did 30 minutes of non-stop aerobic exercise such as running, walking, swimming, biking, treadmill, stairmaster, etc...:	
- Daily	2
- 4-6 times per week	2
- 2-3 times per week	1
- 0-1 time per week	0
10. My profile limits aerobic exercise.	1
11. <b>Currently</b> , I do cardio/aerobic for a total of 30 minutes per day...:	
- Daily	-2
- 4-6 times per week	-2
- 2-3 times per week	-1
- 0-1 time per week	1
12. I am very worried about weight gain during this physical profile and am interested in learning more about weight control.	2
<b>TOTAL</b>	

### Total your Score. If it's—

- 1 – 6      LOW RISK:** You are not likely to gain weight during this profile, however you may want to monitor your weight and dietary intake.
- 7 – 12      You are at MODERATE RISK** for weight gain during this profile. Monitor your weight once per week on the same scale at the same time of day. Complete the Weight Management 5-Point Checklist (below) and the "Think Before You Drink" presentation to make sure you are doing what you can to prevent weight gain.
- 13 – 23      You are at HIGH RISK** for weight gain during this profile. Review the Weight Management 5-Point Checklist (below), "Think Before You Drink" presentation and 'What Do I Eat?' tools. If after one month, you gain body fat, make an appointment for the with the installation's dietitian or Nutrition Care Service.

**AGE:**\_\_\_\_\_ **Height:**\_\_\_\_\_ **Weight:**\_\_\_\_\_

**Body Fat%**\_\_\_\_\_ **Date:**\_\_\_\_\_